

Pre-Authorization Summary

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

BAYOU HEALTH Reporting

Document ID: PQ188 v.2 11/20/2012
 Document Name: PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT
 Reporting Frequency: Quarterly
 Report Due Date: 30th day of the month following end of reporting period
 File Type: Excel
 Subject Matter: Quality (Q)

Pre-Authorization Summary					Standard Authorizations					Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% determined within 2 Business days	% determined within 14 Business days	% determined within 28 Business days	DME- % determined within 25 days	Total Requested	% complete within 72 hours
2162934	Totals	3,075	2,799	276	3,075	95.54%	96.85%	99.61%		19	89.50%
2162934	23 Hour Observation	140	140	0	140	97.86%	100.00%	100.00%		0	0.00%
2162934	DME	914	802	112	914	93.54%	93.65%	99.56%	99.12%	13	100.00%
2162934	Home	333	302	31	333	90.99%	96.10%	99.70%		2	50.00%
2162934	Home Infusion	10	9	1	10	90.00%	100.00%	100.00%		0	0.00%
2162934	Outpatient Facility	1,368	1,247	121	1,368	97.00%	98.39%	99.78%		4	75.00%
2162934	Provider Office	61	60	1	61	98.36%	100.00%	100.00%		0	0.00%
2162934	SPU	241	231	10	241	99.17%	100.00%	100.00%		0	0.00%
2162934	Transplant	2	2	0	2	100.00%	100.00%	100.00%		0	0.00%
2162934	Day Hospital	3	3	0	3	100.00%	100.00%	100.00%		0	0.00%
2162934	Partial Hospitalization	2	2	0	2	100.00%	100.00%	100.00%		0	0.00%
2162934	Referral	1	1	0	1	100.00%	100.00%	100.00%		0	0.00%

¹ Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

² Standard Authorizations are elective procedures not including OB

PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162934	Totals >>>>			731
2162934	DME	OP-D39	(PA) Not Medically Necessary	172
2162934	DME	OP-D02	1st- Level Med Appeal - Denial	1
2162934	DME	OP-D30	Administrative Denial	93
2162934	DME	OP-D24	Lack of Information	7
2162934	DME	OP-D51	Late Notification (Admin)	36
2162934	DME	OP-D05	Not a Covered Benefit	14
2162934	DME	OP-D45	Not Eligible on DOS (Admin)	8
2162934	DME	OP-D	Reconsideration Upheld	6
2162934	DME	OP-D35	Retro-Administrative Denial	16
2162934	Home	OP-D30	Administrative Denial	20
2162934	Home	OP-D39	(PA) Not Medically Necessary	21
2162934	Home	OP-D51	Late Notification (Admin)	5
2162934	Home	OP-D35	Retro-Administrative Denial	3
2162934	Home Infusion	OP-D39	(PA) Not Medically Necessary	1
2162934	Outpatient Facility	OP-D39	(PA) Not Medically Necessary	170
2162934	Outpatient Facility	OP-D02	1st- Level Med Appeal - Denial	29
2162934	Outpatient Facility	OP-D30	Administrative Denial	68
2162934	Outpatient Facility	OP-D24	Lack of Information	11
2162934	Outpatient Facility	OP-D51	Late Notification (Admin)	12
2162934	Outpatient Facility	OP-D05	Not a Covered Benefit	4
2162934	Outpatient Facility	OP-D45	Not Eligible on DOS (Admin)	6
2162934	Outpatient Facility	OP-D35	Retro-Administrative Denial	1
2162934	Provider Office	OP-D39	(PA) Not Medically Necessary	1
2162934	Provider Office	OP-D02	1st- Level Med Appeal - Denial	8
2162934	Provider Office	OP-D30	Administrative Denial	3
2162934	Provider Office	OP-D51	Late Notification (Admin)	1
2162934	Provider Office	OP-D45	Not Eligible on DOS (Admin)	1
2162934	SPU	OP-D39	(PA) Not Medically Necessary	1
2162934	SPU	OP-D02	1st- Level Med Appeal - Denial	3
2162934	SPU	OP-D30	Administrative Denial	4
2162934	SPU	OP-D24	Lack of Information	1
2162934	SPU	OP-D51	Late Notification (Admin)	1
2162934	SPU	OP-D45	Not Eligible on DOS (Admin)	3

Pre-Certification Summary

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

BAYOU HEALTH Reporting

Document ID: PQ188 v.2 11/20/2012
 Document Name: **PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT**
 Reporting Frequency: Quarterly
 Report Due Date: 30th day of the month following end of reporting period
 File Type: Excel
 Subject Matter: Quality (Q)

Pre-Certification Summary					Standard Authorizations				Concurrent Review			Post Service Authorizations	
Plan ID	Level of Care	Total Days Requested	Totals Days Approved	Total Days Denied	Total # Requested	% determined within 2 Business days	% determined within 14 Business days	% determined within 28 Business days	Total Requested	% complete within 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
2162934	Totals	16,187	15,935	252	5,101	99.06%	99.63%	99.84%	4,642	98.32%	99.22%	85	100.00%
2162934	Acute	15,443	15,213	230	4,960	99.03%	99.62%	99.84%	4,542	98.28%	99.21%	85	100.00%
2162934	Sub Acute	112	90	22	50	100.00%	100.00%	100.00%	9	100.00%	100.00%	0	0.00%
2162934	LTAC	56	56	0	8	100.00%	100.00%	100.00%	8	100.00%	100.00%	0	0.00%
2162934	Rehab	576	576	0	83	100.00%	100.00%	100.00%	83	100.00%	100.00%	0	0.00%

¹ Standard Authorizations are elective procedures not including OB

PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
2162934	Totals >>>>			125
2162934	Acute	IP-D05	Not a Covered Benefit	8
2162934	Acute	IP-D24	Lack of Information	4
2162934	Acute	IP-D30	Administrative Denial	17
2162934	Acute	IP-D39	(PA) Not Medically Necessary	38
2162934	Acute	IP-D	Clin Rev/Med Rec Not Recvd(Admin)	1
2162934	Acute	IP-D45	Not Eligible on DOS(Admin)	7
2162934	Acute	IP-D51	Late Notification(Admin)	37
2162934	Acute	IP-D02	1st- Level Med Appeal - Denial	2
2162934	Acute	IP-D	Exception Denial Upheld	1
2162934	LTAC	IP-D39	(PA) Not Medically Necessary	2
2162934	Skilled	IP-D24	Lack of Information	1
2162934	Rehab	IP-D39	(PA) Not Medically Necessary	7